



Registration for DISABLED Tribal Member Fuel Tax Exemption (Non-Member Authorized Use of Tribal I.D. Card for Fuel Purchases)

Part 1 Tribal Member Information (Physical Address)

| | | |
|----------------------|--|-----------|
| Tribal Member's Name | | Date |
| Street | | Telephone |
| City | State | Zip Code |
| Tribal ID Number | Are you a Resident Tribal Member? (Living within the Tax Agreement Area) <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Part 2 Disability Information (MUST attach copy of Disability Parking Permit or Doctor's Statement)

| | |
|---|--|
| Type of Disability | |
| Disability Expiration <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Expiration Date: _____ | |

Part 3 Authorization (MUST attach copy of Authorized Purchaser's Drivers License & Vehicle Registration)

| | | |
|-----------------------------|-------|-----------|
| Authorized Purchaser's Name | | Date |
| Street | | Telephone |
| City | State | Zip Code |

Part 4 Vehicle Information

| | | |
|-----------------|---|-------|
| Year | Make | Model |
| License Plate # | Fuel Used <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | |
| Year | Make | Model |
| License Plate # | Fuel Used <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | |

Part 5 Certification & Approval

I hereby authorize _____ to use my Tribal I.D. card on my behalf for my personal motor fuel purchases due to my disability as stated above. I declare, under penalty of perjury, that the information on this registration is true. **I understand that it is my responsibility to keep track of my tax-exempt fuel purchases and not exceed the monthly gallon limit of tax-exempt fuel.** I also understand that the monthly gallon limit may change and it is my responsibility to verify the current limit before I purchase tax-exempt fuel. In the event that I violate the fuel tax exemption rules and/or exceed the purchase limits, I accept full responsibility for the payment of tax, penalty and other remedies as specified in the Budget and Appropriations Regulations, Chapter 8. Motor Fuel Products.

Signature of Tribal Member

Date

Signature of Authorized Purchaser

Date

Signature of Witness

Date

Ogema's Office Signature of Approval

Date

Complete and return to:

Little River Band of Ottawa Indians
Tax Office
2608 Government Center Drive
Manistee, MI 49660